



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 41 Ravalli			District: 0731 Corvallis K-12 Schools		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	2190	No	Bain, Brad & Jessica	0.25	_____
1	2191	No	Bumbarger, Tonya D	1.25	_____
1	2192	No	Craft, Irene	0.88	_____
1	2193	No	Ewing, Wendy	1.50	_____
1	2194	No	Hull, Wesley	0.25	_____
1	2195	No	Jessop, Ethel	1.00	_____
1	2196	No	Stoker, Vilate	1.10	_____
1	2197	No	Williams, Bethanne	0.25	_____
1	2413	No	Molesh, David & Kathy	0.43	_____
1	2414	No	Miller, Traci	0.50	_____



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Date			Signature, Chair, Board of Trustees			
County: 41 Ravalli			District: 0735 Hamilton K-12 Schools		District Level: High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
3	2189	No	Stuart, Johanna		0.25	



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Date			Signature, Chair, Board of Trustees		
County: 41 Ravalli			District: 0740 Darby K-12 Schools		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
9	1038	No	Murray, Kelli	4.25	_____
9	1778	No	Gartner, Brian	3.50	_____
9	1779	No	Foley, Lisa	3.50	_____
9	1780	No	Fillingham, Terri	2.50	_____
9	2297	No	Drinnen, Franchesqua	7.00	_____
9	2298	No	Mavros, Jolene	1.25	_____



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Date			Signature, Chair, Board of Trustees		
County: 41 Ravalli			District: 0741 Lone Rock Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
13	2198	No	Helmer, Romona	1.55	_____
13	2199	No	Deschamps, Danell	0.75	_____
13	2200	No	Stokes, Hillary	0.25	_____